

**A THRU Z PEDIATRICS**



Form Name: Office Policies

**San Antonio A thru Z Pediatrics, P.A.**

**Stone Oak Location**

1314 E. Sonterra Blvd, Ste5102  
San Antonio, TX 78258  
Phone: 210-490-8888  
Fax: 210-496-6865

**Medical Center Location**

7922 Ewing Halsell, ste.360  
San Antonio, TX 78229  
Phone: 210-614-7500  
Fax : 210-614-7540

Web: [www.a-zpeds.com](http://www.a-zpeds.com)

**OFFICE POLICIES**

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**Copays, Deductibles, Balances**

- I understand that all copays, deductibles, and account balances are due in full at the time of my child’s visit. I understand that if I have a balance that is past due thirty (30) days, and I have not paid my balance in full, the practice has the right to send my account to the collection agency.

**Late Arrivals**

- I understand that in the event I am running more than 10 minutes late for an appointment, San Antonio A thru Z Pediatrics, P.A. reserves the right to reschedule my child’s appointment for a later availability, accommodate my child in between patients with some wait, or reschedule my child’s appointment for a subsequent date.

**No Shows & Cancellations**

- I understand that San Antonio A thru Z Pediatrics, P.A. will charge me \$25 for any missed appointments that are not cancelled at least 24 hours in advance. (See No Show Policy Form)

**Forms & Medical Records**

- I understand that any forms dropped off at the office will take at least three (3) to five (5) days to complete. There is a \$25 charge for Medical records, unless being requested by another physician. Medical Record Requests can take up to two (2) week to be completed Physical Forms not completed on the day of an appointment, will be \$10 to complete.

**Non- Guardians & Unaccompanied Patients**

- I understand that if my child is brought to the office by anyone other than the parents or guardians named in the patient Chart, or if my child is attending the appointment unaccompanied, the Consent to Treat a Minor form must be complete and present at the time of service.

**Consent to receive Email and/or text Messages**

- I authorize San Antonio A thru Z Pediatrics, P.A. to contact me via telephone, email and/ or text messaging (msg/data rates may apply) sent by an automatic telephone dialing system for appointment reminders, feedback, surveys, general health reminders, communication directly or through its vendors to serve me better. I understand that I can opt-out any time by contacting the practice.

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_